

STATE OF NEVADA

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State Health Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

December 28, 2015

MEMORANDUM

To: E.K. McDaniel, Director
Nevada Department of Corrections

Through: Dr. Tracey Green, Chief Medical Officer, DPBH
Vincent Valiente, REHS, DPBH

From: Kyle Devine, Bureau Chief, DPBH

Subject: Biannual Prison Commission Meeting Update

The Division of Public and Behavioral Health (DPBH) is required by Nevada Revised Statutes (NRS) 209.382, NRS 444.330 and NRS 446.885 to conduct inspections of State Correctional Facilities. The inspections focus on (a) the medical and dental services based upon the standards for medical facilities as provided in Chapter 449 of NRS; (b) the nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex, and level of activity; and (c) the sanitation, healthfulness, cleanliness and safety of its various institutions and facilities which includes a focus on the food safety practices within the food service operations.

For 2015 and all subsequent years moving forward, during annual inspections, DPBH will conduct an additional review for compliance to NRS 209.382(b) "the nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex, and level of activity" with respect to the National Dietary Guidelines.

During each State Correctional Facility inspection, pursuant to NRS 209.382, NRS 444.330, and NRS 446.885, the inspector will utilize a tool to verify if the nutritional adequacy of inmate diets is appropriately demonstrated through the contracted Dietitian recommendations specific to the facility. The tool will consist of onsite observations, document review, and State Correctional Facility staff interviews.

The following spreadsheet summarizes the information obtained through the newly integrated in 2015 "Nutritional Adequacy Tool."

We have also prepared a spreadsheet which summarizes the critical violations identified during the annual dietary inspections conducted at each State Correctional Facility in 2009 through 2015. We have also summarized the deficiencies identified during the most recent medical surveys conducted at each State Correctional Facility. Please see the attached tables in which each “X” signifies a violation or deficiency.

A review of the attached dietary inspection table reveals that for 2015, two of seven facilities were found to have no critical violations, three of seven facilities were cited for one critical violation and two of seven facilities were cited for two critical violations, for a total of seven violations cited in 2015. Overall, the total of critical violations cited in 2015 decreased by five when compared to 2014. Two of seven facilities had repeat critical violations in 2015 when compared with 2014. Presence of rodents and equipment not being sanitized were identified during the two most recent inspections at Northern Nevada Correctional Center. Presence of insects in the Culinary was identified during the two most recent inspections at Lovelock Correctional Center.

A review of the attached medical survey table reveals that one deficiency was cited for one of two facilities surveyed in 2015 (Florence McClure Women’s Correctional Center). The deficiency cited at Florence McClure Women’s Correctional Center was a repeat deficiency cited from the 2007 and 2011 surveys. However, a substantial improvement in the number of deficiencies cited for both Southern Desert Correctional Center and Florence McClure Women’s Correctional Center can be observed when comparing past medical surveys.

Please do not hesitate to contact me at 775-684-1061 should you have any questions regarding the Biannual Prison Commission Meeting Update.

Attachments: Health Officer Expanded Summary of Dietary and Medical Deficiencies (pg. 3 – 4)
Summary of Dietary Violations (pg. 5)
Summary of Medical/Dental Deficiencies (pg. 6)
Summary of Nutritional Adequacy Tool (pg. 7)
Blank Nutritional Adequacy Tool (pg. 8 – 10)
Completed EXAMPLE of the Nutritional Adequacy Tool (pg. 11 – 12)

Health Officer Expanded Summary of Violations Cited in Nevada State Prisons

DIETARY FINDINGS OF CRITICAL VIOLATIONS IN 2015:

Two of seven facilities were cited for 0 critical violations

- Warm Springs Correctional Center
- Florence McClure Correctional Center

Three of seven facilities were cited for 1 critical violation

- Southern Desert Correctional Center
 1. Improper food temperatures
(Improper cooling of potentially hazardous foods was observed in the walk-in refrigerator)
- Lovelock Correctional Center
 1. Presence of insects/rodents
(Flies were observed throughout the culinary and main kitchen including areas designated for food preparation, storage, service, and dining)
- High Desert State Prison
 1. Improperly labeled/stored chemicals
(An unlabeled Styrofoam cup used to dispense dishwashing detergent was observed within the kitchen)

Two of seven facilities were cited for 2 critical violations

- Northern Nevada Correctional Center
 1. Presence of insects/rodents
(Rodent droppings were observed throughout the dry storage room)
 2. Equipment not sanitized
(The Clipper dishmachine was in disrepair at the time of inspection. The wash temperature was recorded at 140 degrees F and the final rinse temperature was recorded at 160 degrees F)
- Ely State Prison
 1. Presence of insects/rodents
(Rodent droppings were observed throughout the dry storage room)
 2. Equipment not sanitized
(Soiled pots and pans were not being properly washed, rinsed and sanitized at the Bakery three compartment sink)

DIETARY FINDINGS OF REPEAT CRITICAL VIOLATIONS IN 2015:

Two of seven facilities had repeat critical violations (cited in 2014 and 2015)

- Northern Nevada Correctional Center had 2 repeat critical violations
 1. Presence of rodents
 2. Equipment not sanitized
- Lovelock Correctional Center had 1 repeat critical violation
 1. Presence of insects (flies)

****All correctable critical violations are addressed by the end of inspection. The NDOC Compliance Enforcement Officer ensures corrective actions are taken by the facility for critical violations which cannot be addressed by the end of each inspection.**

MEDICAL/DENTAL FINDINGS IN 2015:

- Florence McClure Women's Correctional Center
 1. Infection Control/hazardous waste disposal
(The trauma room examination table was torn potentially exposing the underlying foam cushioning material to infectious fluids)
- Southern Desert Correctional Center
 1. No deficiencies cited

DIETARY INSPECTIONS

Critical Violations Identified During Annual Dietary Inspections of State Prisons

	Ely															Florence McClure															High Desert															Lovelock															Northern Nevada															Southern Desert															Warm Springs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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* Re-inspection

MEDICAL SURVEYS

Deficiencies Identified During Medical Surveys Conducted Two Per Year

	Ely			Florence McClure			High Desert			Lovelock			Northern Nevada			Southern Desert			Warm Springs			
	2005	2010	2013	2007	2011	2015	2008	2011	2014	2002	2009	2012	2007	2010	2014	2003	2008	2012	2015	2007	2009	2013
Infection control/hazardous waste disposal	X			X	X	X	X	X							X							
Sterilizer testing/maintenance		X					X	X			X			X			X	X			X	
Sterilizer training	X	X			X		X	X			X	X		X			X	X				X
Medication (expired/storage/secured)	X	X		X	X		X	X				X	X	X			X	X				X
Medication administration issues					X			X														
Physician orders					X							X										
Emergency supplies unavailable	X				X		X	X		X	X	X	X	X		X	X	X				
Medications unsecured				X																		
Inmate TB testing					X							X									X	
Staff TB testing	X	X	X	X	X		X	X			X	X	X				X	X				
Staff CPR	X			X	X		X						X	X								
Inmate dental care				X				X									X				X	
Lab staff/lab licensure				X				X			X	X	X					X			X	
Lab test (quality control/procedures)	X							X													X	
Physical environment																	X					
Inmate consent to treatment											X											
Dental tool accountability											X		X									
24 hour nursing coverage													X							X	X	
Medical Records												X										

INMATE NUTRITIONAL ADEQUACY TOOL SUMMARY 2015

NUTRITIONAL VERIFICATION FOCUS POINTS	ESP	FMWCC	HDSP	LCC	NINCC	SDCC	WSCC
Contracted License Dietitian oversight for nutritional adequacy of meals served	X	X	X	X	X	X	X
Menus in place to meet the needs of those in the infirmary or on special diets	X	X	X	X	X	X	X
Food & Nutrition Board Institute of Medicine, National Academies standards used to review menus by contracted licensed Dietitian	X	X	X	X	X	X	X
Menus followed at the time of inspection	X	X	X	X	X	X	X
Spreadsheets available with portion sizes for preparing and serving meals	X	X	X	X	X	X	X
Pre-measure portion control utensils available and used	X	X	X	X	X	X	X
Religious diets available	X	X	X	X	X	X	X
Internal process available for inmate to request diet	X	X	X	X	X	X	X
Medical oversight for inmates requiring special diets	X	X	X	X	X	X	X
Nutritional assessments for special diets conducted by facility	X	X	X	X	X	X	X
Special diet ordered by physician for condition or ailment	X	X	X	X	X	X	X
Process in place for Medical Staff and Culinary Staff to ensure special diet order was received	X	X	X	X	X	X	X
Facility has a standardized process to ensure inmate has received diet at meal time							
Inmate assessments include level of physical activity							

NUTRITIONAL ADEQUACY TOOL:

Date of Inspection:

Surveyor ID#:

Facility Name:

Observations & Document Review

1. Name and License # of Dietitian:
2. All menus have been reviewed by a licensed Dietitian and specialized menus are in place to meet the needs of those in the infirmary or on special diets (*per NRS 209.382(b) – Yes or No, If not, provide comment*):
3. Standards used for reviewing menus by Dietitian (*Yes or No*):
4. Menus followed by facility at time of inspection (*Yes or No*):
5. Menu spreadsheet with portion sizes provided or other means of documenting/reviewing portion sizes provided– (*Yes or No, If not, provide comment*):
6. Observations made onsite:

Additional observations made onsite:

NUTRITIONAL ADEQUACY TOOL continued.....

Date of Inspection:

Surveyor ID#:

Facility Name:

Inmate File Review:

1. Inmate Name:

a. Special Diet required: (Yes or No) If yes, type of diet:

i. Additional comments/description of diet:

b. Nutritional assessment(s) conducted by facility (Yes or No):

i. Additional comments regarding assessment

2. Inmate Name:

a. Special Diet required: (Yes or No) If yes, type of diet:

i. Additional comments/description of diet:

b. Nutritional assessment(s) conducted by facility (Yes or No):

i. Additional comments regarding assessment

3. Inmate Name:

a. Special Diet required: (Yes or No) If yes, type of diet:

i. Additional comments/description of diet:

b. Nutritional assessment(s) conducted by facility (Yes or No):

i. Additional comments regarding assessment

4. Inmate Name:

- a. Special Diet required: (Yes or No) If yes, type of diet:**
 - i. Additional comments/description of diet:**

- b. Nutritional assessment(s) conducted by facility (Yes or No):**
 - i. Additional comments regarding assessment**

5. Inmate Name:

- a. Special Diet required: (Yes or No) If yes, type of diet:**
 - i. Additional comments/description of diet:**

- b. Nutritional assessment(s) conducted by facility (Yes or No):**
 - i. Additional comments regarding assessment**

6. Inmate Name:

- a. Special Diet required: (Yes or No) If yes, type of diet:**
 - i. Additional comments/description of diet:**

- b. Nutritional assessment(s) conducted by facility (Yes or No):**
 - i. Additional comments regarding assessment**

NUTRITIONAL ADEQUACY TOOL:

Date of Inspection: **EXAMPLE**

Surveyor ID#:

Facility Name:

Observations & Document Review

7. Name and License # of Dietitian: **Mary Agnes Boni, MPH, RDN, LD; State Lic# 32076 DI-0**
8. All menus have been reviewed by a licensed Dietitian and specialized menus are in place to meet the needs of those in the infirmary or on special diets (*per NRS 209.382(b) – Yes or No, If not, provide comment*):
Yes (see attached Dietitian certification letters for all menus' nutritional value)
9. Standards used for reviewing menus by Dietician (*Yes or No*):
Yes, Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies
10. Menus followed by facility at time of inspection (*Yes or No*): **YES**
11. Menu spreadsheet with portion sizes provided or other means of documenting/reviewing portion sizes provided– (*Yes or No, If not, provide comment*): **YES**

12. Observations made onsite:

Facility was inspected on XX/XX/XX. During inspection the certified menus for the general population and special diets were being followed. Inmate meal service for the general population for the last 72 hrs. was consistent with the certified menus for those days. This was verified by the observation of stored inmate meal trays in the walk-in refrigerator for the previous 72 hrs. of meal service. During inspection, Facility was also preparing the general population meal in accordance to the certified menu.

Facility utilizes a few methods to ensure the certified menu is followed. The first method is portion control serving utensils. The serving utensils are used to follow the suggested menu item portion size. Interviews with Culinary officers/staff also revealed a template tray is sent out to all general population locked down housing blocks for Officers to follow during meal service. In addition, changes or modifications to the menu due to product availability are recorded on meal reports.

For inmate special diets, it was revealed during interviews with Culinary officers/staff, a report ("Pre-Breakfast Report") is provided daily to the Culinary which details the specific diet for the corresponding inmate. This was verified by document review.

Additional observations made onsite:

Menus offered at the above facility:

1. **Mechanical Soft**
2. **Pureed**
3. **3-4 gm Sodium**
4. **1500 Kcal Diabetic**
5. **2000 Kcal Diabetic**
6. **Low Fat/Low Cholesterol**
7. **Renal/Protein Restricted**
8. **2600 Kcal Diabetic**
9. **Lactose Intolerant**
10. **"Double Portions" for HIV positive inmates**
11. **Common Fare/ Religious diet**

NUTRITIONAL ADEQUACY TOOL continued.....

Date of Inspection: **EXAMPLE**

Surveyor ID#:

Facility Name:

Inmate File Review:

1. **Inmate Name:** John Doe **DOB:** 7/15/81 **Intake #:** 123456
 - a. **Special Diet required: (Yes or No) If yes, type of diet:** **YES (Low Na/Cholesterol)**
 - i. **Additional comments/description of diet:**
Diet for hypertension disorder and high cholesterol
 - b. **Nutritional assessment(s) conducted by facility (Yes or No):** **Yes**
 - i. **Additional comments regarding assessment**
Assessment conducted by Doctor
Evidence of assessment also seen through bloodwork, urine analysis and inmate physical
2. **Inmate Name:** Jane Doe **DOB:** 7/15/81 **Intake #:** 123456
 - a. **Special Diet required: (Yes or No) If yes, type of diet:** **Yes (2600 Kcal/Low Na)**
 - i. **Additional comments/description of diet:**
Diet was for a diabetes diagnosis and hypertension disorder
 - b. **Nutritional assessment(s) conducted by facility (Yes or No):** **Yes**
 - i. **Additional comments regarding assessment**
Assessment was conducted by the facility Doctor
Evidence of assessment was seen through lab work, inmate physical
3. **Inmate Name:** John Doe **DOB:** 7/15/81 **Intake #:** 123456
 - a. **Special Diet required: (Yes or No) If yes, type of diet:** **Yes (Double Portions)**
 - i. **Additional comments/description of diet:**
Diet was prescribed as a result of weight loss from cancer treatment
 - b. **Nutritional assessment(s) conducted by facility (Yes or No):** **Yes**
 - i. **Additional comments regarding assessment**
Assessments are conducted daily by the facility Doctor
Inmate has a cancer diagnosis
Evidence of bloodwork panels, urine analysis and frequent inmate physicals was observed